

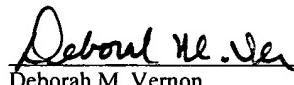


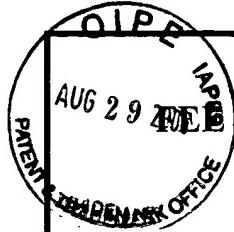
**TRANSMITTAL
FORM**

AUG 29 2006 TRANSMITTAL FORM	Application Serial Number	10/019,706
	Filing Date	May 1, 2002
	First Named Inventor	Kastner
	Group Art Unit	3726
	Examiner Name	Jermie E. Cozart
	Attorney Docket No.	20496-364
	Patent No.	Not applicable
	Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553) <input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences <input type="checkbox"/> Appeal Brief (in triplicate)
<input checked="" type="checkbox"/> Amendment/Response (4 pgs.) <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) <input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Status Inquiry <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Petition for Extension of Time (1 page)	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> CD(s) for large table or computer program <input type="checkbox"/> Amendment After Allowance <input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citation Labeled C13		
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above		

CORRESPONDENCE ADDRESS		SIGNATURE BLOCK	
Direct all correspondence to: Patent Administrator Proskauer Rose LLP One International Place Boston, MA 02110-2600 Tel. No.: (617) 526-9600 Fax No.: (617) 526-9899		Respectfully submitted,  Deborah M. Vernon Attorney for the Applicant(s) Proskauer Rose LLP One International Place Boston, MA 02110-2600	
		Date: August 29, 2006 Reg. No.: 55,699 Tel. No.: (617) 526-9836 Fax No.: (617) 526-9899	


**TRANSMITTAL
FY 2006**

<i>Complete if Known</i>	
Application Serial No.	10/019,706
Docket No.	20496-364
Filing Date	May 1, 2002
First Named Inventor	Kastner
Group No.	3726
Examiner Name	Jermie E. Cozart
Confirmation No.	1805

METHOD OF PAYMENT

Payment Enclosed:
 Check Money Order Other

The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 16-2500

- Required Fees (copy of this sheet enclosed).
- Additional fee required under 37 CFR 1.16 and 1.17.
- Overpayment Credit.

Applicant claims small entity status.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

Small Entity Discount

1. TOTAL	0
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2. EXCESS CLAIM FEES

	Fee	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.	200	100

Total Claims

Extra Claims

Fee Paid (\$)

- 24 or HP = _____ x \$ ____ =

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee Paid (\$)
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- 3 or HP = _____ x \$ ____ =

HP = highest number of total claims paid for, if greater than 3

Multiple Dependent Claims	Fee(\$)	Small Entity fee (\$)	Fee Paid (\$)
	360	180	

2. TOTAL:	0
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3. APPLICATION SIZE FEE

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
-100=	0	/50=	round up to a whole number x	= 0.00

3. TOTAL:	0
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Direct all correspondence to:

Patent Administrator
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110
 Tel. No.: (617) 526-9600
 Fax No.: (617) 526-9899

FEE CALCULATION (continued)**4. ADDITIONAL FEES**

Large Entity	Small Entity	Fee Description	Fee Paid
	130	Surcharge - late filing fee or oath	
	50	Surcharge - late provisional filing fee or cover sheet	
	130	Non-English specification	
2,520	2,520	Request for ex parte re-examination	
	120	Extension for reply within 1 st mo.	120.00
	450	Extension for reply within 2 nd mo.	
1,020	510	Extension for reply within 3 rd mo.	
	1,590	Extension for reply within 4 th mo.	
2,160	1,080	Extension for reply within 5 th mo.	
	500	Notice of Appeal	
	500	Filing a brief in support of an appeal	
1,000	500	Request for oral hearing	
	400	Petitions to the Director	
	180	Submission of IDS	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
	790	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
130	65	Submission of Terminal Disclaimer	
		Other fee (Specify)	
		Other fee (Specify)	
			4. TOTAL: 120.00

TOTAL AMOUNT SUBMITTED**(\$ 120.00)****SIGNATURE BLOCK**

Respectfully submitted,

Deborah M. Vernon
 Deborah M. Vernon
 Attorney for the Applicant
 Proskauer Rose LLP
 One International Place
 Boston, MA 02110-2600